



# On Management Matters: Why We Must Improve Public Health Management Through Action

## Comment on “Management Matters: A Leverage Point for Health Systems Strengthening in Global Health”

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### Abstract

Public health management is a pillar of public health practice. Only through effective management can research, theory, and scientific innovation be translated into successful public health action. With this in mind, the U.S. Centers for Disease Control and Prevention (CDC) has developed an innovative program called Improving Public Health Management for Action (IMPACT) which aims to address this critical need by building an effective cadre of public health managers to work alongside scientists to prepare for and respond to disease threats and to effectively implement public health programs. IMPACT is a 2-year, experiential learning program that provides fellows with the management tools and opportunities to apply their new knowledge in the field, all while continuing to serve the Ministry of Health (MoH). IMPACT will launch in 2016 in 2 countries with the intent of expanding to additional countries in future years resulting in a well-trained cadre of public health managers around the world.

**Keywords:** Public Health Management, Global Health, Health Systems, Field Epidemiology Training Program, Global Health Security, Training, Workforce, Mentorship

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**Citation:** Willacy E, Bratton S. On management matters: Why we must improve public health management through action: Comment on “Management matters: a leverage point for health systems strengthening in global health.” *Int J Health Policy Manag.* 2016;5(1):63–65. doi:10.15171/ijhpm.2015.174

### Article History:

Received: 16 August 2015

Accepted: 24 September 2015

ePublished: 30 September 2015

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The recent *IJHPM* article titled, *Management Matters: A Leverage Point for Health Systems Strengthening in Global Health* by Bradley et al,<sup>1</sup> describes the importance of public health management to a robust and effective global health system. Bradley and colleagues advocate for an improvement in management capacity to bolster the success of health systems. This is particularly needed in low-income settings “where the efficient use of scarce resources is paramount to attaining health goals.”

Public health management is a pillar of public health practice, along with epidemiology, health policy, behavioral sciences and education, environmental health, and biostatistics. Only through effective management can research, theory, and scientific innovation be translated into successful public health action. A recent draft report from the World Health Organization (WHO) entitled, *Global Strategy on Human Resources for Health: Workforce 2030* echoes this concept.<sup>2</sup> The document focuses on the need to develop a strong and well-trained public health workforce in order to provide universal health coverage through strategic thought and careful implementation. Countries and public health institutions must focus on developing a cadre of public health managers, in addition to bolstering the quality of other public health professionals. These managers must be placed in both urban and rural areas to help facilitate access to quality care. The report concludes that capable public health managers, in addition to capable public health professionals, are “... essential in order to provide political leaders with the

required evidence and technical advice, and to guarantee effective implementation and oversight of policies, norms, and guidelines once these are developed.”<sup>2</sup>

The U.S. Centers for Disease Control and Prevention (CDC) supports a similar strategy to increase the success of global public health efforts. In recent years, the tools of public health have advanced rapidly with the development of improved vaccines, more effective drugs, enhanced diagnostic techniques, new interventions, enhanced communications, and innovative technologies; however, the success rate of global health interventions has not always kept pace.<sup>3</sup> A contributing reason appears to be a lack of capable and effective public health professionals. Ultimately, the successful implementation of evidence-based interventions is dependent upon both traditional public health activities (eg, surveillance, laboratory activities, research), and a strong workforce. This workforce must include skilled managers that can provide organization, direction, and oversight.<sup>3</sup>

With this in mind, an innovative program called Improving Public Health Management for Action (IMPACT) is currently in development at CDC. The program aims to address this critical need by building an effective cadre of public health managers. For several years, CDC has demonstrated international success in building a highly-trained, versatile contingent of field epidemiologists through the Field Epidemiology Training Program (FETP). A former CDC program called the Sustainable Management Development Program (SMDP) also focused on building public health

management capacity through a short course, project focused training in public health management. Capitalizing on the best practices employed by the FETP and SMDP programs, CDC has created a new public health management training program designed to expand the public health workforce in low- and middle-income countries. Utilizing a competency and practice-based approach, the IMPACT training program will require its fellows to spend a quarter of their time in the classroom learning foundational information about the essential core competencies of public health management. The remaining portion of their training will be based in public health settings, where they will be required to apply classroom lessons in practical situations (Figure). In addition to these training features, fellows will have a mentor to help guide their development. The result is a 2-year, experiential learning program that provides fellows with tools to more immediately and effectively advance public health initiatives in their home countries.

There are eight IMPACT competency domains (Box 1) that all fellows must master to complete the program; most are similar to the competencies presented by Bradley et al. The IMPACT competency domains are based on the Core Competencies for Public Health Professionals, published by the Council on Linkages between Academia and Public Health Practice.<sup>4</sup> The Council is comprised of 20 academic and national public health organizations, including CDC; the competencies are used by academic institutions and public health entities across the United States.

The quarterly didactic education sessions that fellows attend will provide a critical foundation that will aid them in the practical experience component of their training. Each fellow will be placed in a public health assignment that allows him or her to apply his/her newly-improved management skills.

Fellows will be exposed to the function and role of district-level public health institutions to help them understand the influence they can have at this level. Further, public health personnel in both district areas and at national levels will gain a greater understanding of the importance of placing highly-trained public health managers in geographically diverse areas. Over time, a stronger, better managed public health system will emerge.

The final component of the program is supervision and mentorship. Fellows will be supported by supervisors, who will receive one day of training on the IMPACT program and their role in supporting the fellow's professional development at their practical experience site. Supervisors will provide fellows with the opportunity to utilize essential management skills in their daily work and oversee each fellow's progress. Each fellow will also be assigned a mentor, who will play a crucial role in the development and education of IMPACT fellows. Mentors, who will be selected by Ministry of Health (MoH) leaders, will be individuals who already serve as public health managers or leaders in their country. They will be required to attend a 3-day training to learn about IMPACT, the difference between mentoring and supervision, and how to provide positive coaching. Mentors will be required to meet regularly with the fellow to establish a work plan and use ongoing meetings to discuss and advance progress towards work plan goals and IMPACT projects. In addition, they will advise fellows on their career development, facilitate networking between fellows and other public health professionals, and provide additional insights on how to become an effective public health manager.

IMPACT is designed to be a country-specific program, meaning that program elements can be modified based on each country's needs and current infrastructure, allowing

Year 1	Duration	1	2	3	4	5	6	7	8	9	10	11	12
Course 1: Orientation and Introduction to Public Health Management	3 weeks												
Course 2: Emergency Planning, Preparedness, and Response Skills; Risk Communications	1 week												
Course 3: Community Health Assessment; Community Partnership and Development Skills	1 week												
Project Management Symposium	1 week												
Core Activities for Learning	Ongoing												
Monthly seminars	Monthly												
Year 2	Duration	13	14	15	16	17	18	19	20	21	22	23	24
Course 4: Budget and Financial Planning Skills	1 week												
Course 5: Organizational Leadership and Systems Thinking Skills	1 week												
Final Presentations and Evaluation	1 week												
Core Activities for Learning	Ongoing												
Monthly seminars	Monthly												

**Figure.** Two-Year Training Plan for the Improving Public Health Management For Action (IMPACT) Program.

**Box 1. Impact Competency Domains**

- Program planning and management
- Communications and use of communications tools
- Community partnership development and community assessment
- Analysis and assessment
- Organizational leadership and systems awareness
- Basic public health sciences and practice
- Budget and financial planning skills
- Emergency planning, preparedness, and response skills

a tailored IMPACT curriculum to address critical issues or existing gaps in existing public health systems. For example, countries that recognize that they do not conduct community assessments or maximize capacity by partnering with communities can tailor the curriculum to place greater emphasis on the Community Partnership Development and Community Assessment competency domain. Countries can also adapt the program in other ways, including modification of the selection criteria for acceptance to the program or adding a post-training service requirement for IMPACT graduates.

As IMPACT is tailored to each country, the program must be integrated from the beginning into the MoH. Similar to FETP, each country MoH will have a full-time IMPACT Director to work directly with partner colleagues and prepare for MoH ownership. During this demonstration phase, CDC will place a Resident Public Health Advisor in country and provide training faculty during the initial years of the program. Subsequently, CDC will provide only long distance consultation including evaluations that will enable the country's IMPACT Director to report accomplishments to relevant stakeholders. Through this model, IMPACT aims to develop long-term, sustainable, country-owned programs. The IMPACT program will be launched in Bangladesh and Kenya in 2016, with plans to expand to other countries in future years, possibly in countries supporting the Global Health Security Agenda (GHSA). The GHSA has challenged countries to accelerate progress toward a world

safe and secure from infectious disease threats and serves to stimulate investment in the needed capacity – infrastructure, equipment, and above all skilled personnel. A country with a strong public health management workforce will be better prepared to achieve the GHSA outcomes:

- Prevent or mitigate the impact of naturally-occurring outbreaks and intentional or accidental releases of dangerous pathogens;
- Rapidly detect and transparently report outbreaks when they occur; and
- Employ an interconnected global network that can respond rapidly and effectively.

Bradley et al<sup>1</sup> have presented a challenge for the global public health community to think beyond strengthening the capacity of scientists and clinicians in solving global health issues. The development of a superior cadre of public health managers will advance the public health workforce and should be viewed as an important part of the GHSA. IMPACT will contribute to the GHSA targets and addressing other non-infectious disease threats and to building what Bradley et al<sup>1</sup> advocated for at the end of their piece: an “evidence base supporting the role of management in performance improvement.”

**Ethical issues**

Not applicable.

**Competing interests**

Authors declare that They have no competing interests.

**Authors' contributions**

EW conceptualized the content of the paper; EW and SB prepared and edited drafts; and EW and SB agreed the final version.

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